U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: PAL 2017-08

DATE: December 26, 2017

DOCUMENT TITLE: Approved UDS Changes for Calendar Year 2018

TO: Health Centers
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

I. BACKGROUND

This Program Assistance Letter (PAL) provides an overview of approved changes to the Health Resources and Services Administration's (HRSA) calendar year (CY) 2018 Uniform Data System (UDS) to be reported by Health Center Program grantees and look-alikes in February 2019. The forthcoming 2018 UDS Manual will include additional details regarding these changes.

II. APPROVED CHANGES FOR CY 2018 UDS REPORTING

A. UPDATE QUALITY OF CARE MEASURES TO ALIGN WITH eCQMs

To support efforts across the federal government to standardize data collection and reduce reporting burden for entities participating in federal programs with data reporting mandates, the following clinical quality measures below have been updated to align with the Centers for Medicare and Medicaid Services (CMS) electronic-specified clinical quality measures (CMS eCQMs) designated for the 2018 reporting period.

Rationale: Data-driven quality improvement and full optimization of electronic health record (EHR) systems are strategic priorities for the Health Center Program. Clinical measure alignment across national programs significantly decreases reporting burden and improves data consistency. Additionally, measure alignment and harmonization with other national quality programs, such as the National Quality Forum (NQF) (https://www.qualityforum.org/QPS/) and the CMS Quality Payment Program (QPP) (https://qpp.cms.gov/measures/quality), remain a federal priority.

1. Childhood Immunization Status has been revised to align with CMS117v6.
2. Cervical Cancer Screening has been revised to align with CMS124v6.

3. Tobacco Use Screening and Cessation Intervention has been revised to align with CMS138v6.
4. Use of Appropriate Medications for Asthma has been revised to align with CMS126v5.
5. Screening for Depression and Follow-Up Plan has been revised to align with CMS2v7.
6. Controlling High Blood Pressure has been revised to align with CMS165v6.
7. Diabetes: Hemoglobin A1c Poor Control: the column that includes information on HbA1c<8% has been removed to align with CMS122v6 and the Healthy People 2020 national benchmark.
8. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents has been revised to align with CMS155v6.
9. Body Mass Index (BMI) Screening and Follow-Up Plan has been revised to align with CMS69v6.
10. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet has been revised to align with CMS164v6.
11. Colorectal Cancer Screening has been revised to align with CMS130v6.
12. Dental Sealants for Children aged 6 - 9 years has been revised to align with CMS277.

B. Revision of Appendix D: Removal of Patient-Centered Medical Home (PCMH) Questions

Data collection elements associated with PCMH recognition and accreditation have been removed from Appendix D to reduce reporting burden and redundancy in data collection.

Rationale: HRSA collects PCMH data on a quarterly basis outside of the UDS. Therefore retiring the PCMH question from the UDS will streamline and decrease UDS reporting burden for health centers.

C. Revision of Appendix D: Centers for Medicare and Medicaid Services EHR Incentive Program

The question in Appendix D regarding Meaningful Use attestation stages has been updated to align with CMS EHR Incentive Program updates to attestation titles.

Rationale: The question in Appendix D regarding Meaningful Use attestation stages provides data regarding health centers' participation level in the CMS EHR Incentive Program. In alignment with CMS' updated attestation titles, HRSA is updating the title for Stage 2 to "Modified Stage 2" and removing Stage 1.

D. Appendix E: Expanded Telehealth Question

An expanded telehealth question has been added to Appendix E to better capture data on telehealth use, modalities, and potential obstacles to implementation optimization.

Rationale: Telehealth is increasingly used as a method of health care delivery for the health center patient population, especially hard-to-reach patients living in geographically isolated communities. Collecting information on telehealth capacity and use of telehealth is essential for the delivery of technical assistance to health centers.

E. Appendix E: Medication-Assisted Treatment

The Medication-Assisted Treatment (MAT) for Opioid Use Disorder question has been updated to include nurse practitioners (NPs) and physician assistants (PAs) who have received an appropriate waiver to dispense narcotic drugs.

Rationale: Medication-Assisted Treatment has been proven to be an effective treatment option for substance abuse disorder. With the enactment of the Comprehensive Addiction and Recovery Act of 2016, Public Law 114-198, opioid treatment prescribing privileges have been extended beyond physicians to include certain qualifying NPs and PAs. As a result, HRSA is updating the MAT question in Appendix E of the UDS to include NPs and PAs who have received an appropriate waiver to dispense narcotic drugs.

III. Contacts

For questions or comments regarding the proposed changes to the CY 2018 UDS contact the Office of Quality Improvement at OQIComments@hrsa.gov or 301-594-0818.

Sincerely,

/S/

Jim Macrae
Associate Administrator

Table 6B: Quality of Care Measures

Reporting Period: January 1, 2018 through December 31, 2018

Section A – Age Categories for Prenatal Care Patients: Demographic Characteristics of Prenatal Care Patients

Line	Age	Number of Patients (a)
1	Less than 15 years	
2	Ages 15-19	
3	Ages 20-24	
4	Ages 25-44	
5	Ages 45 and over	
6	Total Patients (Sum lines 1-5)	

Section B – Early Entry into Prenatal Care

Line	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7	First Trimester		
8	Second Trimester		
9	Third Trimester		

Section C – Childhood Immunization Status (CIS)

Line	Childhood Immunization Status	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR total (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who have received age appropriate vaccines by their 2nd birthday			

Section D – Cervical Cancer Screening

Line	Cervical Cancer Screening	Total Female Patients 23 through 64 Years of Age (a)	Number Charts Sampled or EHR total (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 23-64 years of age, who received one or more Pap tests to screen for cervical cancer			

Section E – Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents

Line	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through17 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Percentage of patients 3-17 years of age with a BMI percentile, *and* counseling on nutrition and physical activity documented			

Section F – Body Mass Index (BMI) Screening and Follow-Up

Line	Body Mass Index (BMI) Screening and Follow-Up Plan	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13	MEASURE: Percentage of patients aged 18 and older with (1) BMI documented *and* (2) follow-up plan documented *if* BMI is outside normal parameters			

Section G – Tobacco Use: Screening and Cessation Intervention

Line	Tobacco Use Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts sampled or EHR total (b)	Number of Patients Assessed for Tobacco Use *and* Provided Intervention if a Tobacco User (c)
14a	MEASURE: Percentage of patients aged 18 years and older who (1) were screened for tobacco use one or more times within 24 months *and* if identified to be a tobacco user (2) received cessation counseling intervention			

Section H – Use of Appropriate Medications for Asthma

Line	Use of Appropriate Medications for Asthma	Total Patients Aged 5 through 64 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16	MEASURE: Percentage of patients 5 - 64 years of age identified as having persistent asthma and were appropriately prescribed medication during the measurement period			

Section I – Coronary Artery Disease (CAD): Lipid Therapy

Line	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients Aged 18 and Older with CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed A Lipid Lowering Therapy (c)
17	MEASURE: Percentage of patients aged 18 and older with a diagnosis of CAD who were prescribed a lipid lowering therapy			

Section J – Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

Line	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients 18 and Older with IVD Diagnosis or AMI, CABG, or PTCA Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients With Documentation of Use of Aspirin or Other Antiplatelet Therapy (c)
18	MEASURE: Percentage of patients aged 18 and older with a diagnosis of IVD or AMI,CABG, or PTCA procedure with documentation of use of aspirin or another antiplatelet therapy			

Section K – Colorectal Cancer Screening

Line	Colorectal Cancer Screening	Total Patients Aged 50 through 75 (a)	Charts Sampled or EHR Total (b)	Number of Patients With Appropriate Screening For Colorectal Cancer (c)
19	MEASURE: Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer			

Section L – HIV Linkage to Care

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20	MEASURE: Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis			

Section M – Screening for Clinical Depression and Follow-Up Plan

Line	Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21	MEASURE: Percentage of patients aged 12 and older who were (1) screened for depression with a standardized tool, *and* if screening was positive (2) had a follow-up plan documented			

Section N – Dental Sealants for Children aged 6 - 9 years

Line	Dental Sealants for Children aged 6 - 9 years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of patients with Sealants to First Molars (c)
22	MEASURE: Children aged 6 - 9 years, at moderate to high risk of caries, who received a sealant on a first permanent molar			

Table 7: Health Outcomes and Disparities

Reporting Period: January 1, 2018 through December 31, 2018

Section A: Low Birth Weight

Line	Description	Patients
0	HIV Positive Pregnant Women	
2	Deliveries Performed by Health Center's Providers	

Line #	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500–2499 grams (1c)	Live Births: ≥2500 grams (1d)
	Hispanic/Latino				
1a	Asian				
1b1	Native Hawaiian				
1b2	Other Pacific Islander				
1c	Black/African American				
1d	American Indian/Alaska Native				
1e	White				
1f	More than One Race				
1g	Unreported/Refused to Report Race				
	Subtotal Hispanic/Latino				
	Non-Hispanic/Latino				
2a	Asian				
2b1	Native Hawaiian				
2b2	Other Pacific Islander				
2c	Black/African American				
2d	American Indian/Alaska Native				
2e	White				
2f	More than One Race				
2g	Unreported/Refused to Report Race				
	Subtotal Non-Hispanic/Latino				
	Unreported/Refused to Report Ethnicity				
h	Unreported/Refused to Report Race and Ethnicity				
i	Total				

Section B: Controlling High Blood Pressure

Line #	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
	Hispanic/Latino			
1a	Asian			
1b1	Native Hawaiian			
1b2	Other Pacific Islander			
1c	Black/African American			
1d	American Indian/Alaska Native			
1e	White			
1f	More than One Race			
1g	Unreported/Refused to Report Race			
	Subtotal Hispanic/Latino			
	Non-Hispanic/Latino			
2a	Asian			
2b1	Native Hawaiian			
2b2	Other Pacific Islander			
2c	Black/African American			
2d	American Indian/Alaska Native			
2e	White			
2f	More than One Race			
2g	Unreported/Refused to Report Race			
	Subtotal Non-Hispanic/Latino			
	Unreported/Refused to Report Ethnicity			
h	Unreported/Refused to Report Race and Ethnicity			
i	Total			

Section C: Diabetes: Hemoglobin A1c Poor Control

Line #	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% Or No Test During Year (3f)
	Hispanic/Latino			
1a	Asian			
1b1	Native Hawaiian			
1b2	Other Pacific Islander			
1c	Black/African American			
1d	American Indian/Alaska Native			
1e	White			
1f	More than One Race			
1g	Unreported/Refused to Report Race			
	Subtotal Hispanic/Latino			
	Non-Hispanic/Latino			
2a	Asian			
2b1	Native Hawaiian			
2b2	Other Pacific Islander			
2c	Black/African American			
2d	American Indian/Alaska Native			
2e	White			
2f	More than One Race			
2g	Unreported/Refused to Report Race			
	Subtotal Non-Hispanic/Latino			
	Unreported/Refused to Report Ethnicity			
h	Unreported/Refused to Report Race and Ethnicity			
i	Total			

1. Appendix D: Health Center Health Information Technology (HIT) Capabilities and Quality Recognition

Instructions

The Health Information Technology (HIT) Capabilities and Quality Recognition Form includes a series of questions on health information technology (HIT) capabilities, including electronic health record (EHR) interoperability and eligibility for Meaningful Use. The HIT and Quality Recognition Form must be completed and submitted as part of the UDS submission. The first part includes questions about the health center's implementation of an EHR, certification of systems, how widely adopted the system is throughout the health center and its providers.

Questions

The following questions appear in the EHB. Complete them before you file the UDS Report. Instructions for the HIT questions are on screen in EHB as you are completing the form. Respond to each question based on your health center status as of December 31.

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?

    a. Yes, installed at all sites and used by all providers

    b. Yes, but only installed at some sites or used by some providers

    If the health center installed it, indicate if it was in use by December 31, by:

    a. **Installed at all sites and used by all providers**: For the purposes of this response, "providers" mean all medical providers, including physicians, nurse practitioners, physician assistants, and certified nurse midwives. Although some or all of the dental, mental health, or other providers may also be using the system, as may medical support staff, this is not required to choose response a. For the purposes of this response, "all sites" means all permanent sites where medical providers serve health center medical patients and does not include administrative-only locations, hospitals or nursing homes, mobile vans, or sites used on a seasonal or temporary basis. You may check this option even if a few, newly hired, untrained employees are the only ones not using the system.

    b. **Installed at some sites or used by some providers**: Select option b if one or more permanent sites did not have the EHR installed, or in use (even if this is planned), or if one or more medical providers (as defined above) do not yet use the system. When determining if all providers have access to the system, the health center should also consider part-time and locum providers who serve clinic patients. Do not select this option if the only medical providers who did not have access were those who were newly hired and still being trained on the system.

    c. **No:** Select "no" if no EHR was in use on December 31, even if you had the system installed and training had started.

This question seeks to determine whether the health center installed an EHR by December 31 and, if so, which product is in use, how broad is access to the system, and what features are available and in use. While they can often produce much of the UDS data, do not include practice management systems or other billing systems. If the health center purchased an EHR but had not yet placed it into use, answer "No."

If a system is in use (i.e., if a or b has been selected above), indicate if your system has been certified by the Office of the National Coordinator - Authorized Testing and Certification Bodies (ONC-ATCB).

1a. Is your system certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program?

a. Yes

b. No

Health centers are to indicate in the blanks the vendor, product name, version number, and ONC-certified health IT product list number. (More information is available at ONC-ATCB at http://onc-chpl.force.com/ehrcert.) If you have more than one EHR (if, for example, you acquired another practice which has its own EHR), report the EHR that will be the successor system.

Vendor

Product Name

Version Number

ONC-certified Health IT Product List Number

1b. Did you switch to your current EHR from a previous system this year?

a. Yes

b. No

If "yes, but only at some sites or for some providers" is selected above, a box expands for health centers to identify how many sites have the EHR in use and how many (medical) providers are using it. Please enter the number of sites (as defined above) where the EHR is in use and the number of providers who use the system (at any site). Include part-time and locum medical providers who serve clinic patients. Count a provider who has separate login identities at more than one site as just one provider:

1c. How many sites have the EHR system in use?

1d. How many providers use the EHR system?

1e. When do you plan to install the EHR system?

With reference to your EHR, BPHC would like to know if your system has each of the specified capabilities that relate to the CMS Meaningful Use criteria for EHRs and if you are using them (more information on Meaningful Use). For each capability, indicate:

a. **Yes** if your system has this capability and it is being used by your center;

b. **No** if your system does not have the capability or it is not being used; or

c. **Not sure** if you do not know if the capability is built in and/or do not know if your center is using it.

Select a (has the capability and it is being used) if the software is able to perform the function and some or all of your medical providers are making use of it. It is not necessary for all providers to be using a specific capability in order to select a.

Select b or c if the capability is not present in the software or if the capability is present, but still unused or if it is not currently in use by any medical providers at your center. Select b or c only if none of the providers use the function.

2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing.)
    a. Yes
    b. No
    c. Not sure

3. Does your center use computerized, clinical decision support, such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?
    a. Yes
    b. No
    c. Not sure

4. Does your center exchange clinical information electronically with other key providers/health care settings, such as hospitals, emergency rooms, or subspecialty clinicians?
    a. Yes
    b. No
    c. Not sure

5. Does your center engage patients through health IT, such as patient portals, kiosks, or secure messaging (i.e., secure email) either through the EHR or through other technologies?
    a. Yes
    b. No
    c. Not sure

6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?
    a. Yes
    b. No
    c. Not sure

7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?
    a. We use the EHR to extract automated reports
    b. We use the EHR but only to access individual patient charts
    c. We use the EHR in combination with another data analytic system
    d. We do not use the HER

8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as “Meaningful Use”?
    a. Yes, all eligible providers at all sites are participating
    b. Yes, some eligible providers at some sites are participating
    c. No, our eligible providers are not yet participating
    d. No, because our providers are not eligible
    e. Not sure

    If yes (a or b), at what stage of Meaningful Use (MU) are the majority (more than half) of your participating providers attested (i.e., what is the stage for which they most recently received incentive payments)?

        a. Received MU for Modified Stage 2
        b. Received MU for Stage 3
        c. Not sure

    If no (c only), are your eligible providers planning to participate?

        a. Yes, over the next 3 months
        b. Yes, over the next 6 months
        c. Yes, over the next 12 months or longer
        d. No, they are not planning to participate

9. Does your center use health IT to coordinate or to provide enabling services, such as outreach, language translation, transportation, case management, or other similar services?
    a. Yes

b. No

c. If yes, specify the type(s) of service: _____

10. Appendix E: Other Data Elements

Instructions

Health centers are becoming increasingly diverse and comprehensive in the care and services provided. These questions capture the changing landscape of healthcare centers to include expanded services and delivery systems.

Questions

Report on these data elements as part of their UDS submission. Topics include medication-assisted treatment, telehealth, and outreach and enrollment assistance. Respond to each question based on your health center status as of December 31.

1. Medication-Assisted Treatment (MAT) for Opioid Use Disorder

    a. How many physicians, certified nurse practitioners and physician assistants [1], on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication?

    b. How many patients received medication-assisted treatment for opioid use disorder from a physician, certified nurse practitioner, or physician assistant, with a DATA waiver working on behalf of the health center?

2. Did your organization use telehealth in order to provide remote clinical care services?

    (The term "telehealth" includes "telemedicine" services, but encompasses a broader scope of remote healthcare services. Telemedicine is specific to remote clinical services whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.)

    a. Yes

        i. Who did you use telehealth to communicate with? (Select all that apply)

        (1) Patients at remote locations from your organization (e.g., home telehealth, satellite locations)

        (2) Specialists outside your organization (e.g., specialists at referral centers)

        ii. What telehealth technologies did you use? (Select all that apply)

        (1) Real-time telehealth (e.g., video conference)

[1] With the enactment of the Comprehensive Addiction and Recovery Act of 2016, Public Law 114-198, opioid treatment prescribing privileges have been extended beyond physicians to include certain qualifying nurse practitioners (NPs) and physicians' assistants (PAs).

(2) Store-and-forward telehealth (e.g., secure email with photos or videos of patient examinations)

(3) Remote patient monitoring

(4) Mobile Health (mHealth)

iii. What primary telehealth services were used at your organization? (Select all that apply)

(1) Primary care

(2) Oral health

(3) Psychiatry

(4) Behavioral health

(5) Mental health

(6) Substance abuse

(7) Dermatology

(8) Chronic conditions

(9) Disaster management

(10) Consumer and professional health education

(11) Other, please specify _____

b. If you did not have telehealth services, please comment why (Select all that apply)

i. Have not considered/unfamiliar with telehealth service options

ii. Lack of reimbursement for telehealth services

iii. Inadequate broadband/telecommunication service (Select all that apply)

(1) Cost of service

(2) Lack of infrastructure

(3) Other, please specify _____

iv. Lack of funding for telehealth equipment

v. Lack of training for telehealth services

vi. Not needed

vii. Other, please specify _____

3. Provide the number of all assists provided during the past year by all trained assisters (e.g., certified application counselor or equivalent) working on behalf of the health center (employees, contractors, or volunteers), regardless of the funding source that is supporting the assisters' activities. Outreach and enrollment assists are defined as customizable education sessions about affordable health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate health insurance enrollment.

   Enter Number of Assists _____

   Note: Assists do not count as visits on the UDS tables.